IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration For Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled SEMICONDUCTOR CHIP AND CONDUCTIVE MEMBER FOR USE IN A LIGHT SOCKET, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, section 1.56(a).

POWER OF ATTORNEY

I hereby appoint all power of attorney to R. William Graham (Reg. No.33,891) whose address is 22 S. St. Clair St., Dayton, Ohio 45402 and telephone no. is 937-461-6988 to prosecute and transact all business in the Patent and Trademark Office connected therewith only for such period as this application, continuation, continuation-in-part or divisional thereof is pending and at the conclusion of which such power shall terminate.

SEND CORRESPONDENCE TO:

R. William Graham 22 S. St. Clair St.

Dayton, Ohio 45402

DIRECT TELEPHONE CALLS TO:

937 461 6988

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor: John L. Janning

Residence:

332 Vindale Drive, Dayton, Ohio 45440

Citizenship:

United States

Post Office Address:

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Inventor's signature John J. January Date 7-1-03

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THEREBY CERTIFY THE ABOVE TO BE A TRUE AND COMPLETE PHOTOGRAPHIC REPRODUCTION OF THE CERTIFICATE ON FILE IN THE OFFICE OF THE COMBINED HEALTH DISTRICT OF MONTGOMERY COUNTY, DAYTON, OHIO.

THIS CERTIFICATE IS NOT VALID UNLESS SEALED BY LOCAL REGISTRAR